

**(LOCAL GOVERNMENT EMPLOYER WITH A SEPARATE PRESCRIPTION DRUG PLAN)
STATE HEALTH BENEFITS PROGRAM
COBRA BENEFITS CONTINUATION SCHEDULE
RATES EFFECTIVE 1/1/05 - 12/31/05**

Attached are the monthly COBRA premium rates for continued coverage under the State Health Benefits Program (SHBP) effective January 1, 2005 to December 31, 2005. To determine your premium:

1. Locate in the left hand column the coverage(s) in which you wish to be enrolled. If you are eligible for health coverage, you may elect any health plan that serves the area in which you live.
2. Once you have identified the plan you desire, select the Contract Type you wish to elect. **YOU MAY NOT ELECT A CONTRACT TYPE WHICH EXCEEDS THAT WHICH YOU HAD ON THE LAST DATE PRIOR TO THE TERMINATION OF YOUR HEALTH CARE COVERAGE.** You may elect the same or a lesser level of coverage. For example, if you had member and spouse coverage as an active employee, you could elect member and spouse or single coverage under COBRA. You could not elect family or parent-child coverage (unless an event occurs during the election period - marriage, birth, etc.).
3. On the COBRA Application, check the box associated with the Plan and Contract Type elected. **If you are electing NJ PLUS or HMO coverage, be sure to list the name and physician ID number of the NJ PLUS or HMO and Primary Care Physician.**
4. You can elect prescription drug coverage **only if** your employer participates in the SHBP Prescription Drug Plan and you were enrolled for prescription coverage while an active employee. Note: if your employer offered a separate prescription drug plan, the medical plans available to you through COBRA do not include prescription drug coverage.

Forward your completed COBRA application without premiums to:

**Division of Pensions & Benefits
COBRA Section
PO Box 299
Trenton, NJ 08625-0299**

Once your COBRA application has been processed, the SHBP will bill you for premiums you owe for continued coverage. You will be billed on a monthly basis, however your first bill may include an additional billing of retroactive premiums due. Premiums should be sent to:

**State of New Jersey
State Health Benefits Program
Newark Post Office
PO Box 19519
Newark, NJ 07195-0519**

To contact the SHBP regarding COBRA, please write, or call the Division of Pensions and Benefits' Office of Client Services at (609) 292-7524. You may also reach us by e-mail at: pensions.nj@treas.state.nj.us

COBRA RATES

**DEPARTMENT OF THE TREASURY-DIVISION OF PENSIONS AND BENEFITS
NEW JERSEY STATE HEALTH BENEFITS PROGRAM
LOCAL MONTHLY ACTIVE GROUP-LOCAL GOVERNMENT EMPLOYERS
RATES EFFECTIVE 1/1/2005 TO 12/31/2005**

PLAN/COVERAGE DESCRIPTION	COBRA RATES
<u>NJ PLUS-#001</u>	
Single	\$330.70
Member & Spouse/Domestic Partner	\$736.07
Family	\$856.43
Parent & Child	\$488.33
<u>TRADITIONAL-#002</u>	
Single	\$448.45
Member & Spouse/Domestic Partner	\$978.10
Family	\$1,143.32
Parent & Child	\$654.28
<u>AETNA, INC-#019</u>	
Single	\$295.54
Member & Spouse/Domestic Partner	\$652.69
Family	\$759.13
Parent & Child	\$436.39
<u>CIGNA HEALTHCARE-#020</u>	
Single	\$353.25
Member & Spouse/Domestic Partner	\$770.54
Family	\$919.00
Parent & Child	\$530.25
<u>OXFORD-#028</u>	
Single	\$321.13
Member & Spouse/Domestic Partner	\$706.42
Family	\$834.85
Parent & Child	\$481.71
<u>AMERIHEALTH-#033</u>	
Single	\$330.49
Member & Spouse/Domestic Partner	\$735.36
Family	\$856.39
Parent & Child	\$487.90
<u>HEALTH NET-#034</u>	
Single	\$360.34
Member & Spouse/Domestic Partner	\$784.96
Family	\$952.88
Parent & Child	\$552.77
<u>PRESCRIPTION DRUG PROGRAM-#201</u>	
Single	\$119.80
Member & Spouse/Domestic Partner	\$273.89
Family	\$287.97
Parent & Child	\$159.95